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ABSTRACT

The initial enchantment with the natural insight of the indigeneous paraprofessionsl is reexamined in this article. Funding has been cut from mental health programs whose originators and employees are too close to their work to examine its effectiveness objectively. Rather than viewing professionalism as an unfeeling state, the author recognizes it as an advanced stage of growth for the former paraprofessional who has sacrificed to realize his potential. If the job of preparing the paraprofessional for his work in the mental health field is to be done without diminution of quality, professionals must bear the responsibility for seeing that quality in practice, which comes only from workers who know themselves and have an adequate knowledge of psychodynamics, keeps pace with the increase in quantity common to programs utilizing local residents whose presence in a program tends to attract many neighborhood participants. (Author/PC)

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Professionalism: Mother of Responsible Practice

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To many the title may appear a truism unworthy of amplification, and certainly in no need of defense. Yet the rise of the paraprofessional movement has challenged the role of the professional as supervisor and teacher, and at the risk of producing more heat than light, we should examine some experiences that have been duplicated in diverse settings and varied cultural groups. After ten years of being blinded by the illusion that the intuitive perceptions, methodology, and results of indigenous paraprofessionals are unquestionably superior to the efforts of the professionals they have replaced, it is time for us to admit that "The Emperor doesn't have any clothes on" or at least not enough to meet acceptable community standards. This is not to deny the tremendous contribution of thousands of paraprofessionals, nor to blame them in any way for failing to realize the unrealistic expectations professionals had initially placed upon them.[3] Many have lacked the courage to retreat from this voiced conviction honestly for fear that it would appear to be sour grapes, when common sense has been revealed as inefficient when caught in the struggle between good intentions and lack of psychological treatment knowhow.

There have been several outstandingly successful programs,[1] in which the roles and contributions of staff at various levels of natural potential and special areas of strength have been openly and honestly assessed,[2, 5, 7, 10] and the image of the professional generalist has been fractionated for specialization by a number of mental health technicians,[4] with each sharing respect for what the other has to contribute to the alleviation of the multi-faceted pressures of today's society on its citizens as they attempt to find ways to cope with daily challenges.[6] However, surveys of the Community Action Program, Model Cities, Community Mental Health Centers, and other such programs that are heavily committed to the use of paraprofessionals have shown distrust, disrespect, and other contributors to distance between team members that is draining off psychic energy that should be rather invested in serving the team's clients.[2] There seems to be a need to deny this publicly, particularly on the professionals part, but privately they admit it is sadly true, and attempts to relieve the pressure have only had partial success. Each of the readers must decide for themselves whether any of these patterns have characterized their program.

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To understand how this notion of the paraprofessional "having it all together" has gained strength, we must examine the change in the state of mind of many paraprofessionals from the time they were encouraged by professionals to join the mental health treatment team to the time they

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achieved responsible autonomy. Initially the invitation may be greeted modestly, "Me, what could I do, I have no training or knowledge as to how the mind works." These objections were overridden by professionals by, "You are OF the client group; you know their living situations, you speak their language, you have experienced their frustrations, you know what they need." Setting aside for the moment why the paraprofessionals are not therefore equally as handicapped as their clients, or why the ability to superficially diagnose is equated with the ability to cure; we move on to the experience of the paraprofessional who accepts the challenge to try. This is perhaps the happiest time of the process, when the worker returns with, "You were right, the people appreciated my interest, and said they felt comfortable with me, and found it easy to tell me what they needed."[2] They sensed that they were different from the professionals, and were encouraged in their apartness to support their image as direct service workers, not just helpers. They could list at least six areas of difference:

1) Their sense of mission.
2) The nature of their work activities.
3) The methodologies or techniques they employ.
4) The characteristics of their clients.
5) The kind of colleagues they seek out.
6) The primary nature of their interests and associations.[3]

The paraprofessionals sought information as to the source of material resources, and the procedures for obtaining them. They placed people on welfare, took them for medical services, obtained jobs, fought cases of discrimination, and organized citizens groups among the recipients. They sensed a revitalization, such as they had never known before, and saw themselves at the heart of it, rather than as agents of the policy under which they were hired.[3] Five characteristics have been observed in any revitalization movement as they apply to the ferment of the therapeutic community and related ideas.

1) A high level of anxiety or stress for the members of a society, or in this case a profession.
2) Disillusionment with the state of their culture of some particular aspects of it.
3) The advocacy of Gestalt or patterned change, involving a series of interconnected elements or practices, rather than piecemeal, item-by-item change.
4) The emergence of a deliberate, planned, organized attempt to change the state of ones culture.
5) The movement is conducted and promoted by insiders, members of the society, and not outsiders.[3]

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Then they came back to the professionals and said, "We've been able to accomplish a great deal for our clients, much that had never been done before. What we're a little concerned about is what do you do, other than draw a big salary. You admit that you're not identified with the client or patient group, and that nothing in your books will enable you to appreciate how it feels to live their lives; so what good are you " Some workers stopped right there, when the answers to their questions seemed like doubletalk. Others continued with their clients until all obtainable for them had been received, and the workers began to observe a strange phenomenon. Many of the clients were still unhappy, and seemed unable to do any better for themselves than before.[13] Many were even antagonistic toward their workers rather than appreciative.

They came back to the professionals and said, "I don't understand; I've helped the clients get what they say they needed, and yet they're still unhappy. Why is this?" For some professionals this presented a double quandary, because on one hand they knew from their training that the basis for human behavior is complex and unique to each individual, and that such knowledge took time to study and more importantly to assimilate, and feared that the sharing of this obstacle might only frustrate the worker concerned with immediate relief. Of equal concern was whether the assimilation of theories of dynamic psychology would warp the worker, causing loss of identification with the client group, and therefore loss of the paraprofessionals greatest contribution on the treatment team.[12]

It was at this point that many professionals failed to use the most available barometer they had; themselves. Each had at one time been a paraprofessional, concerned with persons in need around him, anxious to learn the skills necessary for effective service. True, he was different from today's equivalent, because no professional was reassuring him that he had the cure to psycho-social illnesses by virtue of sharing the pressures which resulted in the social illness himself. Strangely enough many of us may have been more confident twenty years ago, when with good intentions, common sense, and a spirit of altruism we had set out to alleviate at least a portion of the world's distress. In our professional growth process we experienced changes accompanied by psychic pain.[13]

They included an orientation toward the future and the ability to plan effectively; a belief that one can sufficiently control ones own destiny so that planning is worthwhile; associated with these an ability to delay gratification in order to attain a future goal; also some perception of how one relates to the larger social system of which one is a part; an ability to formulate problems in relatively abstract and generalizable form; the flexibility to perceive alternative solutions to most important problems, and finally, acceptance of the fact that hard and often dull work is necessary and even perhaps desirable.[13]

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Today, recognizing that all our theories of the dynamics of human behavior have only served to humble us when we hear the presenting problem of a new client, and that human traits of territorialism, distrust and fear of fellow humans who appear different, and acting from unconscious impluses rather than reason; suggests the achievement of a world living in harmony to be less likely realized than physical annihilation of the world's peoples ... gh a political blunder.[5]

Responsible professionals recognized the paraprofessionals plea for deeper understanding as a healthy step in their development, and responded with a variety of avenues for educational growth, both short and long term.[3] Care was taken to avoid dead end routes, and certificates and other forms of recognition reminded the worker of his progress. He was helped to understand and accept the basis of the accusations from his peers that he was being turned into a junior professional rather than the most delightful of the euphemisms for the paraprofessional; the NEW professionals. Rather than this apprenticeship role being seen as a con to destroy the strength of his naturalness, he was helped to see that new ideas were passing through his psychological filters, and with considerable emotional pain he was modifying his philosophy and techniques through the experiencing of new successes in his practice. At this point he was on his way toward the essence of professionalism, for he was learning to accept himself in a nondefensive relationship with his professional teammates.[9]

One of the most defensive sounding protestations of professionals is that the helper most like the client does not only not necessarily understand him best, but quite the opposite may be true. The paraprofessional, called the layman before he received a paycheck, has a natural tendency to diagnose quickly from superficial similarities from his own past experience and to advise the client of a solution, "If I were you." The non-indigenous professional has less of this tendency, because the more obviously different he is from the client, the less he is apt to imagine that his solution would fit. The paraprofessional must be encouraged to draw out the client, guiding him to find his own solution with the assistance from the worker of a knowledge of resources that he may be seeking, but of which he is not aware. This guiding function clearly distinguishes the growth in therapeutic skills of the paraprofessional, a product of evaluation of practices as well as outcome.

The greatest potential bridger of the gaps between helping people of various levels of training and experience is the professional who is from the same cultural group as the majority of the indigenous workers, as well as the client group. He knows how it feels to have the enthusiasm of the new worker, identified with the client and his material needs, dampened by the conservative stance of the supervising professional who cites policy and questions effect as if suggesting he knew the client better than the worker.[15] He has experienced the indignation of the worker whose motives and attitude are questioned by the professional, almost as though the worker was being treated for an emotional problem.

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Yet many of these professionals speak as though they had either forgotten this period of their development, or never understood the efforts of their supervisors as being more than impedimistic putdowns. There has at times been a tendency for instructors to ease off on the minority member student preparing for professional responsibility, particularly in those professions where the instructors are honestly concerned about in-advertently insulting, attacking, or otherwise minimizing the cultural convictions of the student. Teachers and class members have listened in awe as the young person describes how his people feel about life's pressures, and how they deal with them, accepting on faith that which they are in no position to question. Unfortunately this may result in turning out a student with paper credentials, but who does not really know himself or the infinite variety of his clients. He may reject dynamic psychology, the contribution of persons across cultures, and the contribution of the professional. He quite rightly sees himself as little changed philosophically, and may support the paraprofessional in his resistance to change. They have at times denied their own education and experience, admonishing the paraprofessional to avoid the contamination of traditional approaches, seeing no parallel in the artist who studies the ways of the masters, and practices various techniques before presuming to present a technique unique to him. The professional who is unclear within himself equates seeming confusion with license to do ones own thing without question. He can point to examples of confusion of scope, confusion of public and professional interest, confusion of conceptual focus and confusion in methodological priority, and methodological priority itself.[11] If the indigenous professional sincerely feels that the overriding contribution of his professional training has been a negative one, it may be questioned whether he has actually changed internally and lost his native ways, or whether he has merely learned to cope with his professional peers through the command of technical jargon, while at heart being unchanged from the brash and naive neophyte he is now called upon to guide to greater effectiveness.

Responsibility can be delegated to the paraprofessionals to perform tasks in the client's behalf, but the supervising professional is held accountable if difficulty arises. Attempts have been made to deny this, allegedly in support of the paraprofessionals autonomy, but this has been rejected by the sponsoring agencies, whether governmental or private. Evaluators who are unfamiliar with qualitative expectations of professional practice may be put off for a time with the number of visits to clients, money expended in client's behalf, transportation of clients to resources, and referrals to resources; but eventually they will demand a record of the results of these efforts in reduced case loads or at least a higher level of functioning from the clients. If the major thrust has been to put clients to work as treatment team members and putting out of social fires through the provision of material resources which are identified as the sources of pressure, only to quickly spring up again, the professionals will be called upon to justify these results of their workers. Program shutdowns have been delayed when it can be shown that the indigenous workers are involved in an effective training program which retains their identification with and special concern for their own people, but offering

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additional skills in service delivery and an understanding of how best to dovetail their efforts with those of the professionals.

Autonomy cannot be realistically given, it must be earned through proven competence. Otherwise it is merely abandonment. While initially it is welcomed by the paraprofessional as a show of confidence, in time he feels the impact of both the questioning of his competence by fellow helping people, and from the client group who soon experiences that good intentions are not enough.[1] Professionals must be able to offer their technician colleagues the understanding and support they need to realize confidence through coordination and cooperation, rather than defensively insisting on the privilege of doing their own thing. Unless this can be achieved the paraprofessionals will remain limited, defensive, and anti-professional; and the client group will suffer as pawns in the contest as to who can best serve their interests.

There has been a trend in recent years in medicine, nursing, psychology, social work, and other helping professions to both break down the total functions into parts which can be learned in less time, and an elevation of the professional from autonomous practitioner to supervisor/educator of paraprofessionals. If the job is to be done in the mental health field without diminution of quality, the professionals bear the responsibility of seeing that quality practice, which can only come from workers who know themselves and have an adequate knowledge of psychodynamics, is kept pace with the undeniable increase in quantity that the indigenous paraprofessionals have brought to their people.

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